

**EXHIBIT “98”**

1 John K. Kirby, State Bar No. 104590  
 2 Bina Ghanaat, State Bar No. 264826  
 3 BURNHAM BROWN  
 4 A Professional Law Corporation  
 5 P.O. Box 119  
 6 Oakland, California 94604  
 7  
 8 1901 Harrison Street, 14th Floor  
 9 Oakland, California 94612  
 10 Telephone: (510) 444-6800  
 11 Facsimile: (510) 835-6666  
 12 E-Mail: [jkirby@burnhambrown.com](mailto:jkirby@burnhambrown.com)  
 13 [bghanaat@burnhambrown.com](mailto:bghanaat@burnhambrown.com)

14 Attorneys for Plaintiff  
 15 John Hancock Life Insurance Company (U.S.A.)

16 UNITED STATES DISTRICT COURT

17 NORTHERN DISTRICT OF CALIFORNIA – SAN FRANCISCO

18 JOHN HANCOCK LIFE INSURANCE  
 19 COMPANY (U.S.A), a Michigan corporation,

20 Plaintiff,

21 v.

22 MINDY GOSS, as Trustee of the Joe E.  
 23 Acker Family Trust, a Georgia resident; and  
 24 WINDSOR SECURITIES, LLC, a Delaware  
 25 company,

26 Defendants.

No.

PLAINTIFF JOHN HANCOCK LIFE  
 INSURANCE COMPANY (U.S.A.)'S  
 COMPLAINT IN INTERPLEADER

27 Plaintiff JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.) ("JHUSA")  
 28 hereby submits this Complaint in Interpleader ("Complaint"), pursuant to Federal Rules of Civil  
 Procedure, Rule 22, on JHUSA life insurance policy number 93783751 and hereby alleges:

I. JURISDICTION

1. This Court has jurisdiction over this action pursuant to 28 U.S.C. sections 1331  
 and 1332 in that complete diversity exists between the parties, and the amount in controversy  
 exceeds a sum in the value of \$75,000, exclusive of interest and costs, and all other relief the  
 Court deems just and proper.

2. Furthermore, this Court also has jurisdiction over this action because JHUSA is informed and believes, and therefore alleges, that defendants MINDY GOSS and WINDSOR SECURITIES, LLC contractually agreed that jurisdiction for any dispute between them would lie in the United States District Court, Northern District of California, in San Francisco.

## II. THE PARTIES

3. Plaintiff JHUSA is a Michigan corporation authorized to transact, and transacting, insurance business within the State of California. JHUSA's principal place of business is in Boston, Massachusetts. JHUSA's corporate parent, Manufacturers Investment Corporation ("MIC"), is a subsidiary of Manulife Holdings (Delaware) LLC ("MHDLLC"), which in turn, is a subsidiary of Manulife Holdings (Alberta) Limited ("MHAL"), which is a subsidiary of The Manufacturers Life Insurance Company ("MLI") which, is a subsidiary of Manulife Financial Corporation ("MFC").

4. JHUSA is informed and believes, and therefore alleges, that defendant MINDY GOSS ("Ms. Goss") is an individual residing in the State of Georgia and is the trustee of the Joe E. Acker Family Trust.

5. JHUSA is informed and believes, and therefore alleges, that defendant WINDSOR SECURITIES, LLC ("Windsor Securities") is a Delaware company with its principal place of business in Ardmore, Pennsylvania.

## III. VENUE

6. This Court is a proper venue for this action because JHUSA is informed and believes, and therefore alleges, that defendants MINDY GOSS and WINDSOR SECURITIES, LLC contractually agreed that venue for any dispute between them would lie in the United States District Court, Northern District of California, in San Francisco.

## IV. POLICY AND COMPETING CLAIMS

7. On or about March 6, 2008, JHUSA issued policy number 93783751 ("Policy") to "Joe E. Acker Family Insurance Trust Dated Dec. 14, 2007." (Attached hereto as Exhibit A is a true and correct redacted copy of the insurance contract.)

///

1           8.     On or about July 21, 2009, there was a collateral assignment of the Policy benefit  
2 to Windsor Securities.

3           9.     On or about March 23, 2010, there was an absolute assignment of the Policy  
4 benefit to Windsor Securities. (Attached hereto as **Exhibit B** is a true and correct copy of a  
5 Change of Ownership form).

6           10.    The Policy remained in effect until the death of Joe E. Acker on or about April  
7 15, 2014.

8           11.    As of April 15, 2014, the death benefit value for the Policy was \$1,000,000.

9           12.    On or about July 21, 2014, JHUSA received a claim form from Windsor  
10 Securities. (Attached hereto as **Exhibit C** is a true and correct copy of Windsor Securities'  
11 claim form with Decedent's Social Security number redacted).

12           13.    On or about July 23, 2014, JHUSA received a claim form from Ms. Goss, with a  
13 letter claiming entitlement to 50% of the death benefit. (Attached hereto as **Exhibit D** is a true  
14 and correct copy of Ms. Goss's claim form and correspondence with Decedent's Social Security  
15 number redacted).

16           14.    On or about July 31, 2014, JHUSA wrote to Ms. Goss and Windsor Securities,  
17 advising that unless the parties came to an agreement, JHUSA would be forced to file an  
18 interpleader. (Attached hereto as **Exhibit E** is a true and correct copy JHUSA's correspondence  
19 of July 31, 2014).

20           15.    On or about September 18, 2014, Ms. Goss's attorney advised JHUSA that Ms.  
21 Goss and Windsor Securities had been unable to reach a resolution regarding the disposition of  
22 the Policy's death benefit. Accordingly, Ms. Goss's attorney requested that JHUSA file an  
23 interpleader in the United States District Court, Northern District of California, in San Francisco.  
24 (Attached hereto as **Exhibit F** is a true and correct copy of Ms. Goss's attorney's letter of  
25 September 18, 2014.)

26     ///

27     ///

28     ///

## 1 FIRST CLAIM FOR RELIEF

## 2 FOR INTERPLEADER AGAINST ALL DEFENDANTS

3 JHUSA refers to paragraphs one (1) through fifteen (15) and incorporates those  
4 paragraphs as though set forth in full in this cause of-action.

5 16. A dispute has arisen between Defendants regarding the Policy benefits.

6 17. JHUSA is unable to determine the validity of the conflicting demands that have  
7 been made by Defendants, and cannot determine to whom said money or property belongs.

8 18. JHUSA claims no interest in the aforesaid money.

9 19. JHUSA shall deposit the aforesaid money after deducting its reasonable  
10 attorneys' fees and costs associated with the interpleader action with the Clerk of this Court prior  
11 to dismissal of its Complaint.

12 20. JHUSA has incurred costs and reasonable attorneys' fees in connection with these  
13 proceedings and may incur additional costs and fees hereafter.

14 WHEREFORE, JHUSA prays for judgment as follows:

15 1. That Defendants, and each of them, be ordered to interplead and litigate their  
16 claims to the money or property in this Complaint;

17 2. That JHUSA, its parent companies, subsidiaries and affiliates, are discharged  
18 from any and all liabilities as to each of said Defendants with respect to said money or  
19 properties;

20 3. That Defendants and any other adverse claimants be restrained from instating or  
21 further prosecuting any other action in any state or federal court involving the same funds  
22 pursuant to Federal Rules of Civil Procedure, Rule 22;

23 4. That JHUSA be dismissed from this action with prejudice;

24 5. That JHUSA be awarded costs and reasonable attorneys' fees to be deducted from  
25 the funds deposited with the Clerk of Court prior to depositing said funds with the Clerk of  
26 Court; and

27 ///

28 ///

1 6. For such other and further relief as the court deems just.

2 DATED: October 17, 2014

BURNHAM BROWN

3 /s/ Bina Ghanaat

4 JOHN K. KIRBY

5 BINA GHANAAT

6 Attorneys for Plaintiff

7 John Hancock Mutual Life Insurance Company  
(U.S.A.)

8 4833-5760-5662, v. 2

# EXHIBIT A

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REDACTED

PUL08

**1. POLICY SPECIFICATIONS**

Life Insured	JOE E ACKER	Plan Name	Performance UL
Age at Policy Date	81	Policy Number	93 783 751
Sex	Male	Issue Date	March 6, 2008
Risk Classification	Standard Plus Non Smoker	Policy Date	November 20, 2007
Additional Ratings	Not Applicable		
Owner, Beneficiary	As designated in the application or subsequently changed		
Death Benefit Option at Issue	Option 1		
Life Insurance Qualification Test Elected	Cash Value Accumulation Test		
	Base Face Amount at Issue	\$1,000,000.00	
	Supplemental Face Amount at Issue	\$0.00	
	Total Face Amount at Issue	\$1,000,000.00	
Governing Law	Georgia		

**PREMIUMS AT ISSUE**

Premium Mode	Annual
Planned Premium	[REDACTED]
Minimum Initial Premium	[REDACTED]
No-Lapse Guarantee Premium	[REDACTED]

Notice: This policy provides life insurance coverage for the lifetime of the Life Insured if sufficient premiums are paid. Premium payments in addition to the planned premium shown may need to be made to keep this policy and coverage in force. Keeping the policy and coverage in force will be affected by factors such as: changes in the current cost of insurance rates; the amount, timing and frequency of premium payments; the interest rate being credited to the Guaranteed Interest Account; changes to the death benefit option; changes in the Total Face Amount; loan activity; withdrawals; and deductions for any applicable Supplementary Benefit riders that are attached to, and made a part of, this policy. Also refer to the Grace Period and Policy Termination provisions in Sections 10 and 11.



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1. POLICY SPECIFICATIONS (continued) - Policy 93 783 751

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OTHER BENEFITS AND SPECIFICATIONS

Not Applicable

**1. POLICY SPECIFICATIONS (continued) - Policy 93 783 751****MAXIMUM EXPENSE CHARGES****Deductions from Premium Payments**

**Premium Charge** 8% of each premium paid

**Monthly Deductions:** the following charges are deducted monthly from the Policy Value

<b>Administrative Charge</b>	<b><u>Policy Years</u></b>	<b><u>Dollar amount</u></b>
	1	\$25.00
	2+	\$10.00
<b>Face Amount Charge</b>	\$0.6949 per \$1,000 of Base Face Amount for the first 10 Policy Years.	
<b>Cost of Insurance Charge</b>	Determined in accordance with Section 14. Maximum monthly rates per \$1,000 are shown in Section 2.	

**Other Charges**

**Surrender Charge** Charge deducted from the Policy Value during the Surrender Charge Period. See Sections 5 and 17 for details of when a Surrender Charge applies.

The Surrender Charge for the Base Face Amount at Issue is \$18,758.97.

The Surrender Charge will reduce monthly over the Surrender Charge Period until it becomes zero. The table below shows the applicable grading percentage at the beginning of each Policy Year during the Surrender Charge Period (proportionate grading percentages apply for other Policy Months). The amount to which the Surrender Charge is reduced at any time is determined by multiplying the initial amount of Surrender Charge by the percentage that is applicable at that interval during the Surrender Charge Period.

<b><u>Surrender Charge Period (Policy Year)</u></b>	<b><u>Maximum Percentage of Surrender Charge</u></b>	<b><u>Surrender Charge Period (Policy Year)</u></b>	<b><u>Maximum Percentage of Surrender Charge</u></b>
1	100.00%	9	87.50%
2	100.00%	10	75.00%
3	100.00%	11	62.50%
4	100.00%	12	50.00%
5	100.00%	13	37.50%
6	100.00%	14	25.00%
7	100.00%	15	25.00%
8	87.50%	16	0.00%

**Supplementary Benefit Rider Charges** Charges for applicable riders are shown under Supplementary Benefits of this Section 1.

**Withdrawal Fee** \$25.00 per withdrawal

1. POLICY SPECIFICATIONS (continued) - Policy 93 783 751TABLE OF VALUES

Refer to your policy provisions for details on the terms and values shown in this table.

Minimum Total Face Amount	\$ 100,000
Minimum Base Face Amount	\$ 100,000
Minimum Base Face Amount Decrease	\$ 10,000
No-Lapse Guarantee Period	
*Base Face Amount	First 9 Policy Years from Policy Date
Supplemental Face Amount (if elected)	First 2 Policy Years from Policy Date
Guaranteed Interest Account Annual Rate	Not less than 3%
Loan Interest Rate	As defined in Section 16
Maximum Loan Interest Credited Differential	
Policy Years 1-10	1.25%
Policy Years 11+	.25%
Minimum Loan Amount	\$500
Minimum Withdrawal Amount	\$500
Death Benefit Discount Factor	1.0024663
Partial Surrender Charge Decrease Exemption	10%

\*Electing to increase the Supplemental Face Amount after the Policy Date may reduce this period. Refer to Section 5 for details.

## 2. TABLE OF RATES - Policy 93 783 751

## A. RATE TABLE

Age	Maximum Monthly Rates per \$1,000 of Net Amount at Risk	Minimum Death Benefit Factors	Age	Maximum Monthly Rates per \$1,000 of Net Amount at Risk	Minimum Death Benefit Factors
81	6.5509	1.3002			
82	7.2975	1.2788			
83	8.1096	1.2588			
84	9.0173	1.2400			
85	10.0423	1.2224			
86	11.1922	1.2060			
87	12.4650	1.1909			
88	13.8493	1.1769			
89	15.3334	1.1640			
90	16.9088	1.1522			
91	18.4163	1.1412			
92	20.0152	1.1307			
93	21.7336	1.1203			
94	23.5854	1.1100			
95	25.5730	1.0993			
96	27.4318	1.0876			
97	29.4578	1.0738			
98	31.6726	1.0565			
99	34.0995	1.0332			
100	36.7713	1.0000			
101	38.9513	1.0000			
102	41.3353	1.0000			
103	43.9462	1.0000			
104	46.8128	1.0000			
105	49.9253	1.0000			
106	53.3625	1.0000			
107	57.1734	1.0000			
108	61.4190	1.0000			
109	66.1732	1.0000			
110	71.5293	1.0000			
111	77.6167	1.0000			
112	83.3333	1.0000			
113	83.3333	1.0000			
114	83.3333	1.0000			
115	83.3333	1.0000			
116	83.3333	1.0000			
117	83.3333	1.0000			
118	83.3333	1.0000			
119	83.3333	1.0000			
120	83.3333	1.0000			
121	0.0000	1.0000			

For attained Age 122 and above, the Maximum Monthly Rate per \$1,000 of Net Amount of Risk is 0 and the Minimum Death Benefit Factor is 1.0000.  
Maximum Monthly Rates are the same for the Base Face Amount and the Supplemental Face Amount and have been adjusted for any applicable Additional Ratings that are applied to the Cost of Insurance rates as shown in Section 1.

POLICY ASSEMBLY INSTRUCTION

REQUESTER ID: CROSALO  
POLICY NUMBER: 93 783 751 GROUP:  
PLAN CODE: PUL08 FREEZE CODE:  
ASSEMBLY STATE: XX VERSION: 1 ISSUE STATE: GA

06PERFUL

POLICY PAGES: NB Key Inf  
FC(PU016AGA) P2 P3's  
P4(PU0406A) P5(PU0506A) 6  
P7(PU0706A) 8 P9(PU0906A)  
10 P11(PU1106A) 12  
P13(PU1306A) 14 P15(PU1506A)  
16 P17(PU176AGA) 18  
BC(PUBP06A)

Riders:

Endorsements/Mods/Stamps:  
F856 PS4089US (10/2006)

MARCH 6, 2008

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PAGE 1

POLICY NUMBER: 93 783 751 POLICY YEAR DATE: NOV 20, 2007 STATUS: 1  
 BRANCH: 2092 POLICY ISSUE DATE: MARCH 6, 2008 U/W POLICY TYPE: 01

INSURED: JOE E ACKER  
 DOB: MAY 21, 1926 AGE: 81 SEX: M SMOKER SIGNAL: NS STANDARD+

FACE AMOUNT DUR ----- INS 1 RATING ----- INS 2 RATING -----  
 AGE % PERM TEMP YR AGE % PERM TEMP YR  
 PUL08 1000000.00 119

LEGAL TITLE: RONALD M GOSS, TRUSTEE OF THE JOE E ACKER FAMILY  
 INSURANCE TRUST DATED DECEMBER 14, 2007

OWNER DESIGNATION: NONE SUCCESSOR OWNER: N  
 OWNER1: JOE E. ACKER FAMILY INSURANCE TRUST DATED 12/14/2007

SHORT TITLE: RONALD M GOSS, TRUSTEE

TIN NUMBER: 26-6164783  
 TIN STATUS: TIN ON FILE  
 BACKUP W/H: N

OWNER ADDRESS:  
 725 ESCO RD.  
 COMER

GA 30629

BILLING AND MAILING ADDRESS:  
 SAME AS OWNER ADDRESS

BENEFICIARY :  
 PRIMARY: THE OWNER

GLP: 139088.54  
 GSP: 790329.65  
 TARG: 65458.12  
 GAP: 0.00  
 MIN: 5203.42  
 NLG: 62441.06  
 UGSP: 789539.32

SUB CODE: UGLP: 138949.45  
 PREMIUM MODE: ANNUAL BILLING METHOD: DIRECT BILL RESTRICT CODE: 6  
 LOAN INT RATE: 5.75%V MEC STATUS: N PROD VER: 01 UNISEX: N  
 REINSURANCE:

AGENT NAME  
 EUGENE E HOUCHINS JR

NUMBER SHARE BDM PAYOUT  
 0247795 100.0 865 .000

PLAINTIFF 068286

MARCH 6, 2008

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PAGE 2

POLICY NUMBER: 93 783 751

FUND ALLOCATION

FUND%

Guaranteed Interest Account

100

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93 783 751

NS N

APPLICATION SUPPLEMENT

RETURN ONE COPY OF THIS FORM TO  
JOHN HANCOCK LIFE INSURANCE COMPANY  
HEAD OFFICE: 200 BLOOR STREET EAST  
TORONTO, CANADA M4W 1E5

TWO COPIES OF THIS FORM MUST BE SIGNED BEFORE THIS POLICY IS DELIVERED

POLICY NUMBER: 93 783 751

REGISTER: 20920

ON THE LIFE OF: JOE E ACKER

JOHN HANCOCK LIFE INSURANCE COMPANY IS REQUESTED TO MAKE THE FOLLOWING  
ADDITIONS, CORRECTIONS AND AMENDMENTS IN THE APPLICATION DATED DEC 28, 2007. IT  
IS AGREED THAT THEY ARE TO BE OF THE SAME EFFECT AS IF CONTAINED IN THE  
APPLICATION.

THE POLICY IS ISSUED WITH CASH VALUE ACCUMULATION TEST

DATED AT.....THIS.....DAY OF.....YEAR.....  
(city/state)

-----  
SIGNATURE OF PROPOSED  
LIFE INSURED (ANNUITANT)  
JOE E ACKER

-----  
SIGNATURE OF APPLICANT IF OTHER THAN  
PROPOSED LIFE INSURED (ANNUITANT)  
RONALD M GOSS, TRUSTEE



# EXHIBIT B



## Change of Ownership (Absolute Assignment)

THAG/MS

Mail your request to:  
For Individual Life Products,  
Customer Service Center R-02  
John Hancock  
1 John Hancock Way Suite 1350  
Boston MA 02217-1099

For Majestic Series Products,  
Specialty Products & Distribution C-6  
John Hancock  
PO Box 192  
Boston MA 02117-0192

## Section A - Current Policy Information

1. a) Name of Owner(s) JOE E. ACKER FAMILY INSURANCE TRUST b) Policy Number 93783751  
c) Life Insured(s) JOE E. ACKER  
d) Address 725 ESCO ROAD COMER, GA 30629 e) Daytime Phone No. \_\_\_\_\_

## Section B - Change of Ownership (Absolute Assignment)

For ☒ Value received; or ☐ as a Gift for Love and Affection,

the undersigned hereby transfers and assigns absolutely, all rights, title and interest in the above policy(ies) to the Assignee(s) indicated below and HEREBY REVOKES ANY BENEFICIARY DESIGNATION or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to the Assignee(s) and, if more than one, in the same proportion as their ownership rights bear to one another. The Assignor(s) WARRANT the validity of this assignment.

Name of New Owner (Assignee)

Relationship to Life Insured

WINNOR SECURITIES, LLC

Mailing and Billing Address of New Owner (Assignee) - Street, City, State, Zip Code

If no address is indicated, the Mailing and Billing Address will remain the same.

c/o STEVEN PEUSKY  
25 EAST ATHENS AVENUE  
ARMORE, PA 19003

## Section C - Signature(s) of Current Owner - Person/entity making this transfer

Signed at City/State

Date

Comer, GAMARCH 18, 2010

Signature of Witness

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

X

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

X

**Section D - Request for Taxpayer Identification Number and Certification - MUST be completed by the NEW Owner**

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security Number

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days The Company must begin Backup Withholding.

Tax ID Number

2 0 3 3 6 0 8 0 6

**CERTIFICATION - UNDER PENALTIES OF PERJURY, I CERTIFY THAT:**

☒ The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

☐ I am no longer subject to Backup Tax Withholding.

☐ For Minnesota residents only. I have received a copy of IRS Form W9.

☐ I am subject to Backup Tax Withholding.

☐ Check box ONLY if you are not a United States citizen (complete IRS Form W-8BEN).

☐ I am exempt from Backup Tax Withholding.

Signed at City/State

Date

Aramoos, PA

March 23, 2010

Signature of NEW Owner/Taxpayer (if corporation, officer(s) Name/Title must be indicated)

x  member under LLC

# EXHIBIT C

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*John Hancock*

**Statement of Claim for Death Benefit**  
**John Hancock Life Insurance Company (U.S.A.)**  
 (hereinafter referred to as The Company)

## Mailing Address:

John Hancock  
 Attn: Life Claims Services R-03  
 1 John Hancock Way Suite 1105  
 Boston MA 02217-1105

Courier  
 John Hancock  
 Life Claims Services R-03  
 27 Drydock Ave Suite 3  
 Boston MA 02210-2382

**PRIORITY  
OVERNIGHT**

**RMIS**  
 SUB B1 & B2

Telephone inquiries  
 Customers before 1/1/2005  
 1-800-732-5543

Originally a Manulife Customer or Customer after 12/31/2004  
 1-800-387-2747

Complete, sign and return the form together with the insurance policy and a certified death certificate, which indicates the cause and manner of death of the insured person. Additional requirements may also be requested depending on the circumstances.

You, your and yourself refer to the person(s), Trustee(s) or Entity claiming the death benefit, whichever is applicable to the policy(ies).

**A - LIST ALL POLICY NUMBERS IF YOU ARE CLAIMING THE DEATH BENEFIT FOR MORE THAN ONE POLICY**

Policy Number(s)  
 a) 9.3.7.8.3.7.5.1 b) \_\_\_\_\_ c) \_\_\_\_\_

**B - TELL US ABOUT THE PERSON INSURED BY THE POLICY(IES)**

a) Name Joe E ACKER b) Date of Birth 05 | 21 | 1926  
 First Middle Last month day year  
 c) Also known as Name \_\_\_\_\_ d) Place of Birth Elisabeton GA USA  
 First Middle Last City State Country  
 e) Address 2140 DOUBLE BRANCHES ROAD ELISABETON GA 30635  
 Street Address City State Zip Code  
 f) Date of Death 04 | 15 | 2014 g) State of Residence GA h) Place of Death Elisabeton, GA i) Cause of Death BRAIN TUMOR  
 month day year Prior to Death City State  
 j) Employer's Name RETIRED  
 k) Employer's Address N/A  
 Street Address City State Zip Code

**C - READ THIS SECTION CAREFULLY IF THE NAMED BENEFICIARY(IES) IS NOT ALIVE**

If the last known beneficiary(ies) of the policy(ies) has died, please send us a copy of the beneficiary's death certificate.

**D - TELL US ABOUT THE CLAIMANT OF THE DEATH BENEFIT PROCEEDS**

i.e., individual, company, executor or trustee, whichever is applicable for this policy(ies).

a) Name WINDSOR SECURITIES, LLC b) Gender NA ☐ Male ☐ Female  
 First Middle Last  
 c) Address 25 EAST ATHENS AVENUE ARLMORE PA 19003  
 Street Address Apt. No. City State Zip Code  
 d) Mailing Address (if different than Street Address) \_\_\_\_\_  
 Street Address City State Zip Code  
 e) Date of Birth N/A f) Relationship to Insured COUSIN ASSIGNED TO TRUST g) Telephone No. Business 610-642-3100 Home 610-642-3100  
 month day year  
 h) E-mail Address sprusky@windsorsecurities.com i) Fax No. 610-642-9709  
 j) In what capacity are you claiming the death benefit?  
☒ Named Beneficiary - Please complete one form for each named beneficiary and if a beneficiary is former spouse, include copy of divorce settlement.  
☐ Executor or Administrator - Please send a court certificate of appointment. ☐ Trustee  
☐ Legal Guardian - Please send a court certificate of appointment. ☐ Other - \_\_\_\_\_

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**E - STATEMENT OF LOST OR DESTROYED POLICY**

Check this box if the policy is lost or destroyed:

☒ The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

**F - FORM 712 (LIFE INSURANCE STATEMENT)**

If you require an IRS Form 712 (Life Insurance Statement) for estate tax purposes, please check this box. ☐

**G - READ THIS SECTION CAREFULLY AND COMPLETE IT ONLY IF YOU ARE A TRUSTEE OF THE TRUST THAT IS CLAIMING THE PROCEEDS OF THIS POLICY(IES).**

a) Name of Trust \_\_\_\_\_ b) Date of Trust \_\_\_\_\_  
 month day year

c) Name of Trustees \_\_\_\_\_  
If more than one trustee, all trustees must complete and sign this form.

**Certification**

If you have completed this section, you are making the following commitments when you sign this form:

- You certify that you are the trustee(s) of the trust named above.
- You certify that you have the right under the trust to act as the claimant for the policies named in this form.
- You agree that John Hancock doesn't have to determine the original terms of the trust or any revisions to them. You also agree that John Hancock shall not be charged with the knowledge of the trust's provisions. You confirm that neither John Hancock nor its representatives are responsible for inquiring into or shall be charged with the knowledge of the terms of the trust.
- You agree that John Hancock may discharge its obligations under the policies named in this form by relying solely on the signature of the trustee(s) or successor trustee(s) on this form.
- You agree that proof of payment to the trustee(s) of the death claim proceeds will be final and conclusive evidence that payment was made and that all claims and demands of the trustee(s) against John Hancock will have been satisfied.

**H - GENERATION-SKIPPING TRANSFER TAX**

Are the death benefit proceeds subject to the Generation-Skipping Transfer Tax? ☐ Yes ☒ No

If you answered 'Yes' above, and the proceeds are greater than \$250,000, please submit a Schedule R-1 of IRS Form 706.

**I - ADDITIONAL INFORMATION**

Complete if any family members are covered under the Insurance being claimed.

Please list the names and birth dates of all children born of the marriage of the insured and the insured's Spouse, or of children acquired by the insured as stepchildren or legally adopted children. Please list only living children who have not reached their 25th birthday.

Full Name of Child/Spouse	Relationship to Insurer	Social Security Number	Birthdate			Gender	
			month	day	year	M	F
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Is there any possibility of a posthumous child (a child born after the death of the father)?

☐ Yes ☐ No



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**J - ALL INDIVIDUAL CLAIMANTS OR TRUSTEES OR EXECUTORS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY.**

Any person who knowingly and with intent to defraud any Insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" Insert for your state.

To the extent proceeds are settled by lump sum into a John Hancock Safe Access Account, you further agree to the terms and conditions set forth in the John Hancock Safe Access Account Supplemental Contract, which together with this Statement of Claim forms the entire agreement between you and John Hancock.

Signed at City State This Day of Year

Signature of Claimant, Trustee(s), Executor or Signing Officer

X

Signature of Witness

X

**K - SIGNATURES - ALL CORPORATE CLAIMANTS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY**

Any person who knowingly and with intent to defraud any Insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" Insert for your state.

Corporations making a claim must provide either:

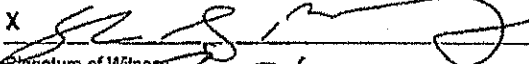
- The title and signature of one signing officer along with the corporate seal, or
- Signatures of two signing officers with their titles and the Corporation Name.

Signed at City State This Day of Year

ARMORE PA 18<sup>TH</sup> JULY 2014

Signature of the First Signing Officer

Name and Title of the First Signing Officer and the Name of Corporation

X 

STEVEN G. PARSKY, President MEMO, MANAGING MEMBER  
WINN-DIXIE SECURITIES LLC

Signature of Witness

X 

Signed at City State This Day of Year

ARMORE PA 18<sup>TH</sup> JULY 2014

Signature of the Second Signing Officer

X 

Signature of Witness

X 

By providing this form or other claim forms for the convenience of the claimant, John Hancock does not admit any liability or waive any of its rights.

**FRAUD WARNING NOTICES - PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE**

**ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or deceptive information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties.



**Form W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)  
Winzor Securities LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
☐ Individual/sole proprietor    ☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) P  
☐ Other (see instructions) \_\_\_\_\_

Exemptions (see instructions):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
101 Convention Center Blvd, Suite 1109  
City, state, and ZIP code  
Las Vegas NV 89109

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

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Employer identification number

2	0	-	3	3	6	0	8	0	6
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date 16-JUL-17

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Form W-9 (Rev. 8-2013)

Page 2

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

##### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

#### Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

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PLAINTIFF 068299

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**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

## Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.



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PLAINTIFF 068301

Form W-9 (Rev. 8-2013)

Page 4

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account, or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup> The actual owner <sup>4</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>5</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>6</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>7</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

<sup>5</sup> Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@ftc.gov](mailto:spam@ftc.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

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PLAINTIFF 068303

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## GEORGIA DEATH CERTIFICATE

State File Number 2014GA000019635

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) JOE EDWIN ACKER		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 04/15/2014
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (Years) 67	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	4d. UNDER 1 DAY Hours	5. DATE OF BIRTH (Mo., Day, Year) 05/21/1928
6. BIRTHPLACE GEORGIA	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY ELBERTON		7c. CITY, TOWN ELBERTON	
7d. STREET AND NUMBER 1043 LONGSTREET ROAD		7e. ZIP CODE 30635	7f. INSIDE CITY LIMITS? NO	8. ARMED FORCES? YES	
8a. USUAL OCCUPATION FARMING		8b. KIND OF INDUSTRY OR BUSINESS AGRICULTURE			
9. MARITAL STATUS MARRIED	10. SPOUSE NAME NADINE HAWKS			11. FATHER'S FULL NAME (First, Middle, Last) NEWTON H ACKER	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) GRACE TAYLOR	13a. INFORMANT'S NAME (First, Middle, Last) JANE CRENSHAW			13b. RELATIONSHIP TO DECEDENT DAUGHTER	
13c. MAILING ADDRESS 2142 DOUBLE BRANCHES ROAD ELBERTON GEORGIA 30635				14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE			
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) NURSING HOME-LONG TERM CARE FACILITY			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) HEARDMONT NURSING HOME		19. CITY, TOWN or LOCATION OF DEATH ELBERTON		20. COUNTY OF DEATH ELBERT	
21. METHOD OF DISPOSITION (specify) BURIAL	22. PLACE OF DISPOSITION FOREST HILLS MEMORIAL PARK, INC 1642 WASHINGTON HWY ELBERTON GEORGIA 30635			23. DISPOSITION DATE (Mo., Day, Year) 04/18/2014	
24a. EMBALMER'S NAME BILLY GILFORD WATSON JR.	24b. EMBALMER LICENSE NO. 4868	25. FUNERAL HOME NAME HICKS FUNERAL HOME AND CREMATION SERVICES			
25a. FUNERAL HOME ADDRESS 231 HEARD STREET ELBERTON GEORGIA 30635					
26a. SIGNATURE OF FUNERAL DIRECTOR BILLY GILFORD WATSON		26b. FUN. DIR. LICENSE NO. 6274	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 04/15/2014	28. HOUR PRONOUNCED DEAD 08:45 PM				
29a. PRONOUNCER'S NAME Katrina Joy Fountain	29b. LICENSE NUMBER RN216782		29c. DATE SIGNED 04/15/2014		
30. TIME OF DEATH 08:45 PM	31. WAS CASE REFERRED TO MEDICAL EXAMINER NO				
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) A. BRAIN TUMOR Due to, or as a consequence of B. Due to, or as a consequence of C. Due to, or as a consequence of D.					Approximate interval between onset and death 2 MONTHS
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death.		33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO	36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL		
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) J DANIEL MCAVOY, 5, 18898			46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) 04/18/2014	45b. HOUR OF DEATH 08:45 PM	43a. DATE SIGNED (Mo., Day, Year)	43b. HOUR OF DEATH		
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH J DANIEL MCAVOY 109 COLLEGE AVE ELBERTON GA 30635 ELBERTON GEORGIA					
48. REGISTRAR (Signature) /S/ DEBORAH C. ADERHOLD				49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/07/2014	

Form 3903 (Rev. 04/2012), GEORGIA DEPARTMENT OF HUMAN RESOURCES

DO NOT FOLD THIS CERTIFICATE

PLAINTIFF 068304



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THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE FILED WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3 DPH RULES AND REGULATIONS.

  
STATE REGISTRAR AND CUSTODIAN  
GEORGIA STATE OFFICE OF VITAL RECORDS

DATE JUL 16 2014

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED) PLAINTIFF 068305

# EXHIBIT D

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*John Hancock*

## Statement of Claim for Death Benefit

John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

## Mailing Address:

John Hancock  
Attn: Life Claims Services R-03  
1 John Hancock Way Suite 1105  
Boston MA 02217-1105

## Courier Address:

John Hancock  
Life Claims Services R-03  
27 Drydock Ave Suite 3  
Boston MA 02210-2382Telephone Inquiries  
Customers before 1/1/2005

1-800-732-5543

Originally a Manulife Customer or Customer after 12/31/2004

1-800-387-2747

Complete, sign and return the form together with the insurance policy and a certified death certificate, which indicates the cause and manner of death of the insured person. Additional requirements may also be requested depending on the circumstances.

You, your and yourself refer to the person(s), Trustee(s) or Entity claiming the death benefit, whichever is applicable to the policy(ies).

**A - LIST ALL POLICY NUMBERS IF YOU ARE CLAIMING THE DEATH BENEFIT FOR MORE THAN ONE POLICY**

Policy Number(s)

a) 9, 3 | 7, 8, 3 | 7, 5, 1

b) | | | | | | | | | |

c) | | | | | | | | | |

**B - TELL US ABOUT THE PERSON INSURED BY THE POLICY(IES)**

a) Name	Joe	Edwin	Acker	b) Date of Birth	0	5	2	1	1	9	2	6
	First	Middle	Last		month	day	year	month	day	year		
c) Also known as Name				d) Place of Birth	Elberton, USA							
	First	Middle	Last		City	State		Country				
e) Address	2140 Double Branches Road			Elberton	Georgia	30635						
	Street Address			City	State	Zip Code						
f) Date of Death	0	4	1	5	2	0	1	4	g) State of Residence Prior to Death	Georgia	h) Place of Death	Georgia
	month	day	year								i) Cause of Death	Brain Cancer
j) Employer's Name												
k) Employer's Address												
	Street Address			City	State	Zip Code						

**C - READ THIS SECTION CAREFULLY IF THE NAMED BENEFICIARY(IES) IS NOT ALIVE**

If the last known beneficiary(ies) of the policy(ies) has died, please send us a copy of the beneficiary's death certificate.

**D - TELL US ABOUT THE CLAIMANT OF THE DEATH BENEFIT PROCEEDS**

i.e., individual, company, executor or trustee, whichever is applicable for this policy(ies).

a) Name	Mindy	J.	Goss	b) Gender	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female						
	First	Middle	Last									
c) Address	725 Esco Road			Comer	Georgia	30629						
	Street Address			Apt. No.	City	State						
d) Mailing Address (if different than Street Address)	Street Address			City	State	Zip Code						
e) Date of Birth	0	2	0	1	1	9	7	9	f) Relationship to Insured	Trust Agreement	g) Telephone No.	
	month	day	year							Business	(706) 795-2597	
										Home		
h) E-mail Address						i) Fax No.						
j) In what capacity are you claiming the death benefit?												
<input type="checkbox"/> Named Beneficiary - Please complete one form for each named beneficiary and if a beneficiary is former spouse, include copy of divorce settlement.												
<input type="checkbox"/> Executor or Administrator - Please send a court certificate of appointment.												
<input checked="" type="checkbox"/> Trustee												
<input type="checkbox"/> Legal Guardian - Please send a court certificate of appointment.												
<input type="checkbox"/> Other -												

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PLAINTIFF 068308

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**E - STATEMENT OF LOST OR DESTROYED POLICY**

Check this box if the policy is lost or destroyed:

- ☒ The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

**F - FORM 712 (LIFE INSURANCE STATEMENT)**If you require an IRS Form 712 (Life Insurance Statement) for estate tax purposes, please check this box. ☐**G - READ THIS SECTION CAREFULLY AND COMPLETE IT ONLY IF YOU ARE A TRUSTEE OF THE TRUST THAT IS CLAIMING THE PROCEEDS OF THIS POLICY(IES).**

a) Name of Trust The Joe E. Acker Family Insurance Trust b) Date of Trust 0 4 | 1 0 | 2 0 0 8  
 month day year

c) Name of Trustees Mindy J. Goss

If more than one trustee, all trustees must complete and sign this form

**Certification**

If you have completed this section, you are making the following commitments when you sign this form:

- You certify that you are the trustee(s) of the trust named above.
- You certify that you have the right under the trust to act as the claimant for the policies named in this form.
- You agree that John Hancock doesn't have to determine the original terms of the trust or any revisions to them. You also agree that John Hancock shall not be charged with the knowledge of the trust's provisions. You confirm that neither John Hancock nor its representatives are responsible for inquiring into or shall be charged with the knowledge of the terms of the trust.
- You agree that John Hancock may discharge its obligations under the policies named in this form by relying solely on the signature of the trustee(s) or successor trustee(s) on this form.
- You agree that proof of payment to the trustee(s) of the death claim proceeds will be final and conclusive evidence that payment was made and that all claims and demands of the trustee(s) against John Hancock will have been satisfied.

**H - GENERATION-SKIPPING TRANSFER TAX**Are the death benefit proceeds subject to the Generation-Skipping Transfer Tax? ☐ Yes ☒ No

If you answered 'Yes' above, and the proceeds are greater than \$250,000, please submit a Schedule R-1 of IRS Form 706.

**I - ADDITIONAL INFORMATION**

Complete if any family members are covered under the insurance being claimed.

Please list the names and birth dates of all children born of the marriage of the insured and the insured's Spouse, or of children acquired by the insured as stepchildren or legally adopted children. Please list only living children who have not reached their 25th birthday.

Full Name of Child/Spouse	Relationship to Insurer	Social Security Number	Birthdate			Gender	
			month	day	year	M	F
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Is there any possibility of a posthumous child (a child born after the death of the father)?

☐ Yes ☒ No

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**J - ALL INDIVIDUAL CLAIMANTS OR TRUSTEES OR EXECUTORS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY.**

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" insert for your state.

To the extent proceeds are settled by lump sum into a John Hancock Safe Access Account, you further agree to the terms and conditions set forth in the John Hancock Safe Access Account Supplemental Contract, which together with this Statement of Claim forms the entire agreement between you and John Hancock.

Signed at City State This Day of Year  
Cornet GA 22 July 2014

Signature of Claimant, Trustee(s), Executor or Signing Officer

X [Signature]

Signature of Witness

X [Signature]

**K - SIGNATURES - ALL CORPORATE CLAIMANTS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY**

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" insert for your state.

Corporations making a claim must provide either:

- The title and signature of one signing officer along with the corporate seal, or
- Signatures of two signing officers with their titles and the Corporation Name.

Signed at City State This Day of Year

Signature of the First Signing Officer

Name and Title of the First Signing Officer and the Name of Corporation

X

Signature of Witness

X

Signed at City State This Day of Year

Signature of the Second Signing Officer

X

Signature of Witness

X

By providing this form or other claim forms for the convenience of the claimant, John Hancock does not admit any liability or waive any of its rights.

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15.8

10.1

8.8

1.6

1.6

1.6



**FRAUD WARNING NOTICES - PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE**

**ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or deceptive information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties.



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## Electronic Funds Transfer Information - Disbursement

The information below needs to be completed if you wish to have your disbursement electronically wired to your bank.

**IMPORTANT:** In order to expedite your request, please also provide a void check in addition to completing this form.

This form and the void check need to be provided in addition to the other forms in the package you have received.  
The funds will only be released if all requirements have been met.

Insured Name \_\_\_\_\_

Policyowner's Name \_\_\_\_\_

Policy No. \_\_\_\_\_

Name of Bank \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

Owner's Account No. \_\_\_\_\_

Address of Bank \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Bank Telephone No. (include area code) \_\_\_\_\_

Bank ABA/Routing (9 digits) \_\_\_\_\_

(ABA number must be specific for a Wire transfer) \_\_\_\_\_

Attention/Re: \_\_\_\_\_

For Credit to the Account of \_\_\_\_\_

Date \_\_\_\_\_

Signature of Owner/Trustee \_\_\_\_\_

Signature of Collateral Assignee \_\_\_\_\_ Name - please print \_\_\_\_\_

Title \_\_\_\_\_

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**Mindy Goss**

Trustee of the Joe E. Acker Family Insurance Trust  
PO BOX 443, Danielsville, GA 30633-0443

Phone:  
706-795-2597

Email:  
[GFG.INC30633@@gmail.com](mailto:GFG.INC30633@@gmail.com)

**URGENT – IMMEDIATE ATTENTION REQUESTED**

July 22, 2014

John Hancock Life Insurance Company  
Attn: Life Claims Services R03  
1 John Hancock Way  
Suite 1105  
Boston, MA 02217-1105  
Title Dept. FAX: 617-572-1571  
Claim Dept. FAX: 416-926-5656

RE: Death Claim – Joe E. Acker  
Policy Number 93783751

Dear Sir or Madam:

I am the trustee of the Joe E. Acker Family Insurance Trust (the "Trust"), owner and beneficiary of John Hancock Life Policy 93783751 (the "Policy"). The insured, Joe E. Acker, passed away on April 15, 2014. The death benefit due under the Policy is \$1,000,000.00.

As I believe you are aware, pursuant to a collateral assignment between the Trust and Windsor Securities, LLC ("Windsor"), Windsor is entitled, under certain circumstances, to collect the death benefit. Those circumstances include, most importantly, the obligation of Windsor, following the kind of default by the Trust that occurred herein, to retain from the collected death benefit only those amounts it is owed by the Trust, plus legal interest thereon, plus reasonable expenses incurred in collecting or enforcing the Policy collateral, and to provide the remainder of the collected death benefit to the Trust.

We are informed and believe that, contrary to its obligations under the abovementioned collateral assignment, Windsor has unequivocally asserted the right to retain for its own account the entire death benefit. That assertion comprises an anticipatory breach of the collateral assignment by Windsor and thus frees the Trust to take whatever legal action may be required to safeguard its rights in and to the portion of the death benefit that would remain after Windsor had been reimbursed itself, plus interest, etc. (We estimate that remaining amount to be approximately 50% of the death benefit, or \$500,000.00.) Such legal action takes two forms. First, the Trust hereby

PLAINTIFF 068314

claims the right to approximately 50% of the death benefit, or \$500,000.00, and categorically denies Windsor's claim that Windsor is entitled to the entire death benefit. The Trust expects John Hancock to withhold payment of any portion of the death benefit from either or both of the parties until those conflicting claims have been resolved. Second, we anticipate the filing of a claim for declaratory relief against Windsor and John Hancock, aimed at resolving those conflicting claims, in the United States District Court, Northern District of California. We would further anticipate that John Hancock, having been placed on notice of the abovementioned conflicting claims to the death benefit and having been joined in such a suit for declaratory relief, would interplead the subject funds.

Please be so kind as to confirm in writing that, in light of the abovementioned conflict, John Hancock will not pay out the death benefit to Windsor and will await service of the Trust's' action for declaratory relief.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Mindy Goss', with a stylized flourish extending from the end.

Mindy Goss  
Trustee of the Joe E. Acker Family Insurance Trust

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## Statement of Claim for Death Benefit

## Mailing Address:

John Hancock  
Attn: Life Claims Services R-03  
1 John Hancock Way Suite 1105  
Boston MA 02217-1105

## Courier Address:

John Hancock  
Life Claims Services R-03  
27 Drydock Ave Suite 3  
Boston MA 02210-2382

## Telephone Inquiries

Customers before 1/1/2005

1-800-732-5543

Originally a Manulife Customer or Customer after 12/31/2004

1-800-387-2747

## A message to our John Hancock beneficiaries

On behalf of John Hancock, please accept our condolences for your loss. We realize that this is a difficult time for you and your family and we will make every effort to process your claim promptly. We take pride in assisting our beneficiaries.

To expedite the processing of your claim, it is important that it contain all of the necessary information as requested in the Claimant's Statement attached.

## Please review this checklist prior to submitting your claim:

- ☐ Complete and sign all applicable sections of the Claimant's Statement and return all pages. If there is more than one beneficiary, please ensure each claimant completes a separate Statement of Claim for Death Benefit. Please sign page 5, where applicable.
- ☐ Obtain a certified copy of the insured's death certificate. The funeral director often provides one or assists in this area.  
Note: Only one certified death certificate is required per insured with multiple claimants and/or policies.  
The Death Certificate will not be returned.
- ☐ Include the original policy, if available. If the policy is not available, be sure to complete **Section E - STATEMENT OF LOST OR DESTROYED POLICY**.
- ☐ If the claim form is being completed by an Administrator, Executor, or a Legal Guardian, a **Court Certificate of Appointment** must be submitted with this Claimant's Statement.
- ☐ If death occurred outside the United States or Canada, please submit the official death certificate issued in the country where the death occurred and:
  - A completed **Report of a Death of a U.S. Citizen Abroad**, and
  - A **Physician's Statement**, completed and signed by the local doctor who certified the death.
- ☐ **Generation-Skipping Transfer Tax - Complete Section H.**  
If the proceeds are greater than \$250,000 and are subject to the Generation-Skipping Transfer Tax, please submit a Schedule R-1 of IRS Form 706 with this Statement of Claim for Death Benefit. Schedule R-1, which is to be completed by the executor, is usually required if any part of the death benefit is payable either directly or through a trust to an individual beneficiary who is either (i) a relative two or more generations younger than the insured (a grandchild, for example) or (ii) at least 37-1/2 years younger than the insured and not related to the insured (a godchild, for example).
- ☐ Review the "Fraud Warning Notices" for your state and sign Section J or K.
- ☐ Please include any funeral home assignments and copy of bill.
- ☐ If death of the insured occurred within two years of the issue date or reinstatement of the policy or supplementary benefit or if the manner of death was accidental, further investigation will be made in order to confirm information provided at the time the application for life insurance was completed. We will send you an Authorization to Release Information for Death Benefit form.

Also included with the Statement of Claim for Death Benefit form is a **W9 Request For Taxpayer Identification Number and Certification** form that must be completed by the claimant(s) of the death benefit proceeds. Please submit the W9 with the Statement of Claim for Death Benefit form.

If the claimant(s) is a U.S. person, including a U.S. citizen, U.S. resident alien, or other U.S. person, they must complete the enclosed Form W-9. Please see the instructions for the Form W-9 for more information. However, if the claimant(s) is not a U.S. person, they should not complete the Form W-9. Instead, they should complete the appropriate Form W-8 which is available on the IRS website <http://www.irs.gov/Forms-&Pubs>.

Although every effort is made to ensure prompt payment of benefits, your claim may be delayed if additional information is required to comply with the John Hancock's claim procedures for Federal and State Law. We will notify you immediately if we need additional information.

We're here to help. Should you need assistance in completing this claim, your local John Hancock representative is ready to assist you. If one is not available in your area, you may call our Customer Service toll-free number at one of the numbers listed above.

Please note that we reserve the right to make further inquiries.

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PLAINTIFF 068317

Case3:14-cv-04651 Document1-4 Filed10/17/14 Page13 of 15



## Statement of Claim for Death Benefit

**Mailing Address:**

John Hancock  
Attn: Life Claims Services R-03  
1 John Hancock Way Suite 1105  
Boston MA 02217-1105

**Courier Address:**

John Hancock  
Life Claims Services R-03  
27 Drydock Ave Suite 3  
Boston MA 02210-2382

**Telephone Inquiries**

Customers before 1/1/2005

1-800-732-5543

Originally a Manulife Customer or Customer after 12/31/2004

1-800-387-2747

### Settlement Options and Payment of Proceeds

#### If the policyowner previously elected a settlement option

- John Hancock is required to carry out the policyowner's instructions. We will provide the beneficiary with complete details when the claim is processed.

### Payment Options for Lump-Sum Payments

- Total proceeds from one or more policies or contracts of less than \$7,500 will be paid directly to the beneficiary(ies) by check or electronic funds transfer. Available on policies issued after December 31, 2004 - please complete the Electronic Funds Transfer Information on page 7.
- Total proceeds of \$7,500 or more from one or more policies or contracts will be placed in a John Hancock Safe Access Account in the beneficiary's name. The John Hancock Safe Access Account also assures our beneficiary(ies) of immediate access to the claim proceeds. Please read the section below entitled "Safe Access Account" for more information.
- If the claim is payable to a corporation, partnership, multiple trustees or estate, the total proceeds will be paid by check or electronic funds transfer. Available on policies issued after December 31, 2004 - please complete the Electronic Funds Transfer Information on page 7.

### Safe Access Account

- The total claim proceeds will be deposited in a John Hancock Safe Access Account in the beneficiary's name. The Safe Access Account gives beneficiaries added peace of mind in knowing that while they take the time to make well planned financial decisions, they are immediately earning interest on the claim proceeds.
- For more information about John Hancock's Safe Access Account, please see the terms and conditions set forth in the Supplemental Contract.

### Safe Access Account offers you

- Safety** John Hancock guarantees the entire account balance\*.
- Convenience** You can access the funds in your account at any time simply by writing a check.
- Value** There are no monthly service charges or check fees.
- Growth** Your account earns an attractive interest rate.
- Time** Take the time you need to make well planned financial decisions.

### Additional payment options

- You have the right to receive a lump sum payment by check. Certain life insurance policies may provide for other methods of payment. A description of available options can be found in the policy. To receive a lump sum payment by check or to inquire whether other settlement options are available, please contact your local John Hancock Representative or call our Customer Service toll-free number listed on page 1.

A John Hancock Safe Access Account is not a bank account and is not insured by the FDIC; however, protection is afforded by the State Guaranty Associations. For information about coverage limitations in your state, you may contact the National Organization of Life and Health Insurance Guaranty Associations at [www.nohlga.com](http://www.nohlga.com). Guarantees are dependent upon the claims-paying ability of the issuing company. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of our creditors.



Case3:14-cv-04651 Document1-4 Filed10/17/14 Page14 of 15

REDACTED

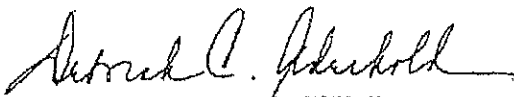
2014-068

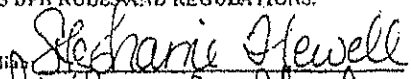
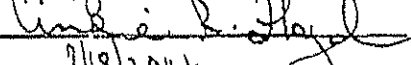
## GEORGIA DEATH CERTIFICATE

State File Number 2014GA000019635

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) JOE EDWIN ACKER		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 04/15/2014
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (Years) 87	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo., Day, Year) 06/21/1926	
6. BIRTHPLACE GEORGIA	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY ELBERT	7c. CITY, TOWN ELBERTON		
7d. STREET AND NUMBER 1043 LONGSTREET ROAD		7e. ZIP CODE 30635	7f. INSIDE CITY LIMITS? NO	8. ARMED FORCES? YES	
8a. USUAL OCCUPATION FARMING		8b. KIND OF INDUSTRY OR BUSINESS AGRICULTURE			
9. MARITAL STATUS MARRIED	10. SPOUSE NAME NADINE HAWKS		11. FATHER'S FULL NAME (First, Middle, Last) NEWTON H ACKER		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) GRACE TAYLOR	13a. INFORMANT'S NAME (First, Middle, Last) JANE CRENSHAW		13b. RELATIONSHIP TO DECEDENT DAUGHTER		
13c. MAILING ADDRESS 2142 DOUBLE BRANCHES ROAD ELBERTON GEORGIA 30635			14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE			
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) NURSING HOME-LONG TERM CARE FACILITY			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) HEARDMONT NURSING HOME		19. CITY, TOWN or LOCATION OF DEATH ELBERTON		20. COUNTY OF DEATH ELBERT	
21. METHOD OF DISPOSITION (specify) BURIAL	22. PLACE OF DISPOSITION FOREST HILLS MEMORIAL PARK, INC 1642 WASHINGTON HWY ELBERTON GEORGIA 30635			23. DISPOSITION DATE (Mo., Day, Year) 04/19/2014	
24a. EMBALMER'S NAME BILLY GILFORD WATSON JR	24b. EMBALMER LICENSE NO. 4868	25. FUNERAL HOME NAME HICKS FUNERAL HOME AND CREMATION SERVICES			
25a. FUNERAL HOME ADDRESS 231 HEARD STREET ELBERTON GEORGIA 30635					
26a. SIGNATURE OF FUNERAL DIRECTOR BILLY GILFORD WATSON		26b. FUN. DIR. LICENSE NO. 5274	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 04/15/2014		28. HOUR PRONOUNCED DEAD 06:45 PM			
29a. PRONOUNCER'S NAME Katrina Joy Fountain		29b. LICENSE NUMBER RN218792	29c. DATE SIGNED 04/15/2014		
30. TIME OF DEATH 06:45 PM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) A. BRAIN TUMOR Due to, or as a consequence of B. Due to, or as a consequence of C. Due to, or as a consequence of D.					Approximate interval between onset and death 2 MONTHS
Part II. Enter significant conditions contributing to death but not related to cause given in Part I. A. If female, indicate if pregnant or birth occurred within 90 days of death.		33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) J DANIEL MCAVOY, MD, 18696		46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)			
45a. DATE SIGNED (Mo., Day, Year) 04/18/2014	45b. HOUR OF DEATH 06:45 PM	45a. DATE SIGNED (Mo., Day, Year)	45b. HOUR OF DEATH		
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH J DANIEL MCAVOY 109 COLLEGE AVE ELBERTON GA 30635 ELBERTON GEORGIA					
48. REGISTRAR (Signature) /S/ DEBORAH C. ADERHOLD		49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/07/2014			

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE  
OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER  
THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DPH RULES AND REGULATIONS.

  
STATE REGISTRAR AND CUSTODIAN  
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian:   
Issued by:   
Date Issued: 7/18/2014

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal.

VOID IF ALTERED OR COPIED

PLAINTIFF 068320



# EXHIBIT E



Case 3:14-cv-04651 Document 1-5 Filed 10/17/14 Page 2 of 2

July 31, 2014

*Via UPS – signature required*

Ms. Mindy J. Goss, Trustee  
725 Esco Road  
Comer GA 30629

Windsor Securities, LLC  
25 East Athens Ave  
Aramore PA 19003

RE: Policy No. 93 783 751 Insured: Joe E. Acker  
John Hancock Life Insurance Company (U.S.A.)

Dear Ms. Goss and Windsor Securities LLC:

John Hancock Life Insurance Company (U.S.A.) ("John Hancock") has received claim documents from both of you asserting an entitlement to the death benefits under the above-mentioned policy.

In view of the fact that there are conflicting claims, the John Hancock cannot safely make payment without receiving a written agreement signed by each of you on how to proceed, assuming you can come to an amicable solution. If there is no such agreement, John Hancock, as a neutral stakeholder, cannot favor the interests of any party and cannot act in a judgmental capacity regarding a disputed situation, which presently exists.

In the event that an agreement as to the distribution of the proceeds of the policy cannot be reached, or if any side brings an action against John Hancock, a judicial bill of interpleader complaint will be filed in court. Should that become necessary, each of you will become defendants and John Hancock will seek leave of court to deposit the death benefit, less John Hancock's fees and costs, plus interest, into court and be discharged. Thereafter, you will be able to present your case to the judge which will make a binding determination as to entitlement. If the relief sought is allowed, it may reduce the death benefit accordingly. In order to avoid the litigation, and the resulting expenses, which an interpleader involves, it would certainly be advantageous to reach an agreement as to the distribution of the proceeds.

Please reply in writing, stating your position on the matter, within 30 days of receipt of this letter.

In the interim, John Hancock reserves all rights that it has, or may have, whether arising at law, in equity or under the express terms of the applicable policy.

Should you have any questions or require additional information, please contact our Customer Service Center at 1-800-387-2747.

Sincerely,

Aileen Pagaduan  
Claims Analyst  
U.S. Insurance

**Courier Address**  
Life Claims Services R-03  
27 Drydock Ave Suite 3, Boston MA 02210-2382  
Toll Free: 1-800-387-2747 Fax: (617) 572-1571

**Mailing Address**  
Life Claims Services R-03  
1 John Hancock Way Suite 1105, Boston MA 02217-1105  
Toll Free: 1-800-387-2747 Fax: (617) 572-1571

[www.jhlifeinsurance.com](http://www.jhlifeinsurance.com)

PLAINTIFF 068322

# EXHIBIT F

Case3:14-cv-04651 Document1-6 Filed10/17/14 Page2 of 2

HENNEFER FINLEY & WOOD LLP

425 CALIFORNIA STREET

NINETEENTH FLOOR

SAN FRANCISCO, CALIFORNIA 94104

FACSIMILE  
(415) 421-1815

TELEPHONE  
(415) 421-6100

September 18, 2014

Aileen Pagaduan  
Claims Analyst  
John Hancock  
Life Claims Services R-03  
1 John Hancock Way, Suite 1105  
Boston, MA 92217

RECEIVED-32  
SEP 23 2014

Re: Policy No. 93 783 751; Insured: Joe E. Acker

Dear Ms. Pagaduan:

This office represents Mindy J. Goss, acting as Trustee of the Joe E. Acker Family Insurance Trust (the "Trust"). We are responding to your letter to Ms. Goss, dated July 31, 2014, in regard to the conflicting claims of the Trust and Windsor Securities, LLC ("Windsor") in and to the death benefits under the above-referenced policy.

The Trust and Windsor have been unable to reach an amicable resolution of those conflicting claims. The Trust therefore believes an interpleader action by John Hancock would be appropriate. In order to minimize expense to the parties and to foster judicial economy, we ask that John Hancock file that action in the court in which the Trust and Windsor have contractually agreed that jurisdiction and venue for any dispute between them should lie, viz, the United States District Court, Northern District of California, in San Francisco. Once that action has been filed, the Trust will bring a third-party claim for declaratory relief against Windsor therein, affirming that John Hancock should be granted interpleader relief and asking the court to resolve the dispute between the Trust and Windsor.

Please let us know how John Hancock intends to proceed. Please also be sure to contact me if you need any additional information or if I may otherwise be of assistance to you in this matter. Thank you.

Very truly yours,

HENNEFER FINLEY & WOOD, LLP

  
Joseph Wood

P.S: Please note that, after September 28, 2014, my firm's address will be changed to 275 Battery Street, Suite 200, San Francisco, CA 94111.

PLAINTIFF 068324

CA7

SUPERIOR COURT - MARTINEZ  
COUNTY OF CONTRA COSTA  
MARTINEZ, CA 94553  
(925) 646-4099



PLAINTIFF: JUANA ARIZA

VS.

CASE NO.: MSC13-02117

DEFENDANT: WALGREEN CO.

\*\*\*\*\* NOTICE \*\*\*\*\*

HEARING ON OSC RE: WHY THE COURT SHOULD NOT DISMISS CASE AND/OR  
STRIK E ANSWER FOR BOTH PARTIES FAILURE TO APPEAR

TO COUNSEL NOTICED BELOW OR PARTY IN PRO PER,  
BY ORDER OF JUDGE STEVEN K. AUSTIN, YOU ARE CITED TO APPEAR ON:

DATE: 10/28/14 TIME: 8:30 DEPT.: 33, 725 COURT STREET

TO SHOW CAUSE, IF ANY YOU HAVE, WHY YOU SHOULD NOT BE SANCTIONED  
FOR REASON LISTED ABOVE.

A RESPONSE TO THIS OSC MUST BE FILED WITH THE CLERK'S OFFICE 5  
(FIVE) COURT DAYS PRIOR TO THE HEARING. TENTATIVE RULINGS ARE  
AVAILABLE BY CALLING THE DEPARTMENT IN WHICH THE HEARING IS SCHEDULED,  
BETWEEN 1:30pm & 3:30pm, THE DAY BEFORE THE SCHEDULED HEARING.

( ) D9 925-957-5709 ( ) D31 925-957-5731  
( ) D33 925-957-5733 ( ) D34 925-957-5734

THE TENTATIVE RULING WILL BECOME THE COURT'S RULING AS OF 4:30PM ON  
THE COURT DAY BEFORE THE HEARING UNLESS COUNSEL ADVISES THE COURT  
CLERK'S OFFICE BY 3:30PM THAT THEY WISH TO ARGUE THE MATTER. COUNSEL  
ARE NOT REQUIRED TO PREPARE AN ORDER AS TO THE COURT'S RULING ON OSC.

PAUL CALEO  
1901 HARRISON STREET  
14TH FLOOR  
OAKLAND CA 94612

SUPERIOR COURT OF CONTRA COSTA COUNTY

I declare under penalty of perjury that I am not a party to the within  
action or proceeding; that on the date below indicated, I served a  
copy of the foregoing NOTICE by depositing said copy enclosed in a  
sealed envelope with postage thereon fully prepaid in the United  
States mail at Martinez, California as indicated above.

Dated: 09/30/14

By:

A. YOUNG,  
Deputy Clerk

PLAINTIFF 068325

RECEIVED

OCT 01 2014

BURNHAM  
SCANNED